

Y O U T H E M P O W E R M E N T S E R V I C E S

FACSIMILE TRANSMITTAL SHEET

TO:	Jesse Johnson	FROM	Chris A. Quintanilla
COMPANY:	SLD c/o Solix, Inc.	DATE	2/28/2007
FAX NUMBER	973-599-6538	TOTAL NO. OF PAGES INCLUDING COVER	13
PHONE NUMBER	973-581-5111	SENDER'S REFERENCE NUMBER:	538000
RE:	Appeal Inquiry Response	YOUR REFERENCE NUMBER:	538000

FOR REVIEW

NOTES/COMMENTS:

Mr. Johnson,

Attached, please find the response to your inquiry. Please contact me at (215) 694-3955 if you have any questions. Thanks.

-Chris A Quintanilla

NEW MEDIA TECHNOLOGY CHARTER SCHOOL

Exploring the Past, Present, and Future Through Technology

7800 Ogontz Ave., Philadelphia, PA 19150 | 267-286-6900 | 267-286-6904(fax)

February 28, 2007

Jesse Johnson, et al
USAC Schools and Libraries Division
c/o Solix, Inc.
80 South Jefferson Road
Whippany, NJ 07981-1027

RE: Appeal Response, Application 538000

Dear Mr. Johnson,

Thank you for contacting us in order to get our appeal resolved properly. Six months ago, we submitted documentation showing: a) the school is entitled to a 90% discount through the Schools and Libraries Program of the Universal Service Fund, and b) how we were able to substantiate that claim.

Apparently, the PIA reviewer(s) who reviewed the documentation we submitted were not able to locate certain information that was required as part of the review process. Based on your email to us, it would appear this information included:

- 1) Address of the family
- 2) Grade level of each child
- 3) Size of the family
- 4) Income level of the parents

If we may direct you to our original submission, which is attached as Attachment A, we would point out the following:

- 1) Regarding the address of the family, this information is on the survey and has been labeled as #1 on page #3. In order to preserve the anonymity of the family, the address of the family was blacked out as a simple reverse address lookup could be used to determine the identity of the family.
- 2) Regarding the grade level of each child, this information is on the survey and has been labeled as #2 on page #3. We acknowledge that the grade level of the student attending the school was inadvertently omitted by the parent on the form – but that the grade level of the child is indicated on page #1, label #2a.
- 3) The size of the family is indicated on page #3, Part 4, which has been labeled #3. Though the names were blacked out in order to preserve the anonymity of the family, the checkboxes indicate there are four family members.

- 4) The income level of the family is also indicated on page #3, Part 4, and has been labeled #4. This information clearly shows the parent in the household earns \$300/wk.

While we believe the submitted information validates our methodology for ascertaining the portion of the school's population that qualifies for the National School Lunch Program, we would like to provide additional evidence of our compliance at this time. Included as Attachment B, please find an additional four surveys that were distributed to students' families and returned accordingly. We contend these surveys serve to demonstrate our compliance with a proper discount validation process and help to support the claims we have made regarding our eligibility for a 90% discount percentage.

Should you have any questions, we would appreciate it if you would contact Chris Quintanilla of Youth Empowerment Services, the school's e-rate consultant. He may be reached at (215) 694-3955, or at chrisqu@yesphilly.org. Thank you in advance for your assistance in resolving this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Ina Walker", with a long, sweeping horizontal stroke extending to the right.

Dr. Ina Walker
Chief Executive Officer

Attachments (2)

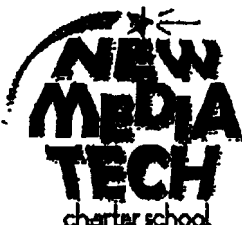
cc: H. Clark, Esq. – Board Chairman, NMTCS

IW:cq

ATTACHMENT 1

**SURVEY SUBMITTED ON
AUGUST 28TH, 2006 TO PIA
WITH NOTATIONS**

4 PAGES



New Media Technology Charter School
7800 Ogontz Avenue
Philadelphia, PA 19150
P: (267) 286-6900, F: (267) 286-6904
<http://www.newmediatech.net>
email: info@newmediatech.net

October 7, 2005

Re: Lunch Program II St t for 005 2006 School Year

Please find below a status report for your child's eligibility for the lunch program. Once again the response has been very poor and therefore we cannot start the lunch program on Monday, October 10th, as previously intended. Please make sure your child has a packed lunch everyday. First day of lunch will now be October 31st. *Please parents make sure you respond or pay if you do not qualify, it is unfair to keep those parents who have already paid waiting.*

Your child _____

\$

Has been approved for free meals

☐

Has been approved for Reduced meals (reduced price \$.40 per day)

☐

Must pay full price for meals (\$3.00 per day)

☐

Does not qualify for free or reduced price meals because of the following:

☐

Income exceeds the guidelines of the Federal Lunch Program

☐

Incomplete application

☐

Social security number not enter on lunch form

☐

Financial information not enter on lunch form

Lunch will be ordered two weeks in advance, which means that we will be collecting lunch money from your child bi-weekly. Attached is a lunch menu for the first two weeks. Please send in \$21.00 if paying full price or \$2.80 if paying reduced price. (Cash only) You will not be able to purchase lunch for your child on a daily basis.

My child _____ will _____ will not _____ participate in the lunch program. Enclosed is \$24.00 ; \$3.20 for the first two weeks.

If your child has special dietary needs or is allergic to any type of food, please specify

Parent's Signature: _____ Date: _____

INSTRUCTIONS FOR APPLYING

If your household receives FOOD STAMPS OR TANF, follow these instructions:

Part 1: List child(ren)'s name, school, grade, and a Food Stamp or TANF case number.

Part 2: Check the appropriate box, if any.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to.

If the child(ren) is/are Migrant, Homeless or Runaway:

Check the appropriate box and contact [your school, homeless liaison, migrant coordinator].

Fill out application by following instructions for ALL OTHER HOUSEHOLDS.

If you are applying for a FOSTER CHILD, follow these instructions:

Part 1: Use a separate application for each foster child. List the child's name, school, and grade.

Part 2: Skip this part.

Part 3: Check the box and list the child's personal use monthly income, if any.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List each child's name, school, and grade.

Part 2: Check the appropriate box, if any.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income from last month.

Column 1-Name: List the first and last name of each person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column 2-Gross income last month and how often it was received. Next to each person's name list each type of income received last month, and how often it was received.

For example, *Earnings from work:* List the gross income each person earned from work. This is not the same as take-home pay. Gross income is the amount earned before taxes and other deductions. The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person received it (weekly, every other week, twice a month, or monthly).

All other income: List the amount each person received last month from welfare, child support, alimony, (second column) pensions, retirement, Social Security (third column), and ALL OTHER INCOME (fourth column). In the All Other Income column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME.

Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person received it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Column 3-Check if no income: If the person does not have any income, check the box.

Part 5: An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 6: Answer this question if you choose to.

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1. Children in School (Use a separate application for each foster child)

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	Food Stamp or TANF case # (if any). Skip to Part 5 if you list a Food Stamp or TANF case #
[REDACTED]	New Media Tech	2	-
[REDACTED]	Lotus Academy	2	-
[REDACTED]			-
[REDACTED]			-
[REDACTED]			-

Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone#] Homeless ☐ Migrant ☐ Runaway ☐

Part 3. Foster Child

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box ☐ and then list the amount of the child's personal use monthly income: \$_____. Skip to Part 5.

Part 4. Total Household Gross Income—You must tell us how much and how often

1. Name (List everyone in household) (Example) Jane Smith	12. Gross Income and how often it was received Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
[REDACTED]	\$200/weekly	\$150/weekly	\$100/monthly	\$_____/____	<input type="checkbox"/>
[REDACTED]	\$300/weekly	\$_____/____	\$_____/____	\$_____/____	<input type="checkbox"/>
[REDACTED]	\$_____/____	\$_____/____	\$_____/____	\$_____/____	<input type="checkbox"/>
[REDACTED]	\$_____/____	\$_____/____	\$_____/____	\$_____/____	<input type="checkbox"/>
[REDACTED]	\$_____/____	\$_____/____	\$_____/____	\$_____/____	<input type="checkbox"/>
[REDACTED]	\$_____/____	\$_____/____	\$_____/____	\$_____/____	<input type="checkbox"/>
[REDACTED]	\$_____/____	\$_____/____	\$_____/____	\$_____/____	<input type="checkbox"/>
[REDACTED]	\$_____/____	\$_____/____	\$_____/____	\$_____/____	<input type="checkbox"/>

Part 5. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: X [REDACTED] Print Name: [REDACTED]
 Address: [REDACTED] Phone Number: [REDACTED]
 Social Security Number: [REDACTED] ☐ I do not have a Social Security Number

Part 6. Children's racial and ethnic identities (optional)

Mark one or more racial identities:

- ☐ Asian ☐ American Indian or Alaska Native
☐ White ☐ Native Hawaiian or Other Pacific Islander
☒ Black or African American ☐ Other

Mark one ethnic identity:

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Don't fill out this part This is for school use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12
 Total Income: _____ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year Household size: _____
 Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____
 Temporary: Free _____ Reduced _____ Time Period: _____ (expires after _____ days)
 Determining Official's Signature: _____ Date: _____
 Confirming Official's Signature: _____ Date: _____ Follow-up Official's Signature: _____ Date: _____

Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart

FEDERAL INCOME CHART For School Year 2005-2006			
Household size	Yearly	Monthly	Weekly
1	\$17,705	\$1,476	\$341
2	23,736	1,978	457
3	29,767	2,481	573
4	35,798	2,984	689
5	41,829	3,486	805
6	47,860	3,989	921
7	53,891	4,491	1,037
8	59,922	4,994	1,153
Each additional person:	6,031	503	116

Privacy Act Statement: This explains how we will use the information you give us. The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp Program, Temporary Assistance for Needy Families (TANF) Program, or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9470 or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

ATTACHMENT 2

ADDITIONAL STUDENT SURVEYS

4 PAGES

FREE

One Application per Household Effective July 1, 2008

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1. Children in school (Use a separate application for each foster child)

Names of all children in school (First, Middle Initial Last)	School Name	Grade	Food Stamp or TANF case # (if any). Skip to Part 5 if you list a Food Stamp or TANF case #
Ciera [REDACTED]	NEW MEDIA TECH	10	

Part 2 If the child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call your school, homeless liaison, migrant coordinator at phone # _____
 Homeless ☐ Migrant ☐ Runaway ☐

Part 3. Foster Child

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box ☐ and then list the amount of the child's personal use monthly income: \$ _____. Skip to Part 5.

Part 4. Total Household Gross Income—You must tell us how much and how often

1. Name (List everyone in household) (Example) Jane Smith	2. Gross Income and how often it was received Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
Jane Smith	\$200/weekly	\$150/weekly	\$100/monthly	\$ ____/____	<input type="checkbox"/>
Rochelle [REDACTED]	\$660/Biweekly	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
Ciera [REDACTED]	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input checked="" type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>

Part 5. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits.

Sign here: X [Signature] Print name: ROACHELLE [REDACTED]

Address: 1925 INDEPENDENCE ST PHILA PA Phone Number: (215) 548-5860

Social Security Number: [REDACTED] 1867 ☐ I do not have a Social Security Number

Part 6. Children's Racial and Ethnic Identities (optional)

Mark one or more racial identities:

- ☐ Asian
☒ White
☒ Black or African American
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander
☐ Other

Mark one ethnic identity:

- ☐ Hispanic or Latino
☒ Not Hispanic or Latino

Don't fill out this part. This is for school use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12

Total Income: _____ Per ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year Household size: _____

Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____

Temporary: Free _____ Reduced _____ Time Period: _____ (expires after _____ days)

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____ Follow-up Official's Signature: _____ Date: _____

July 2008

Free and Reduced Price School Meals Application

Application

Page 1 of 2

FREE

One Application per Household Effective July 1, 2006

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION**Part 1. Children in School (Use a separate application for each foster child)**

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	Food Stamp or TANF case # (if any). Skip to Part 5 if you list a Food Stamp or TANF case #
Shaakira A. [REDACTED]	NEW MEDIA Tech	9 th	6 00 760 850 116 852 716

Part 2. If the child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call your school, homeless liaison, migrant coordinator at phone # Homeless ☐ Migrant ☐ Runaway ☐

Part 3. Foster Child

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box ☐ and then list the amount of the child's personal use monthly income: \$ _____. Skip to Part 5.

Part 4. Total Household Gross Income—You must tell us how much and how often

1. Name (List everyone in household) (Example) Jane Smith	2. Gross Income and how often it was received Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly				3. Check if NO Income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
Jane Smith	\$200/weekly	\$150/weekly	\$100/monthly	\$ ____/____	<input type="checkbox"/>
Jowanda [REDACTED]	\$ ____/____	\$150 / bi weekly	\$ ____/____	\$ ____/____	<input type="checkbox"/>
Shaakira [REDACTED]	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
Shaamir [REDACTED]	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>

Part 5. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposefully provide false information, my children may lose meal benefits, and I may be penalized.

Sign here: X [Signature] Print name: Jowanda [REDACTED]

Address: [REDACTED] Phone Number: [REDACTED]

Social Security Number: [REDACTED] - 1A 33 ☐ I do not have a Social Security Number

Part 6. Children's Racial and Ethnic Identities (optional)

Mark one or more racial identities:

- ☐ Asian ☐ American Indian or Alaska Native
☐ White ☐ Native Hawaiian or Other Pacific Islander
☒ Black or African American ☐ Other

Mark one ethnic identity:

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

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Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____

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July 2006

Free and Reduced Price School Meals Application
Application
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FREE

One Application per Household Effective July 1, 2006

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION**Part 1. Children in School (Use a separate application for each foster child)**

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	Food Stamp or TANF case # (if any). Skip to Part 5 if you list a Food Stamp or TANF case #
Oronde	Northwest H.S.	11	600760027
Denise	Lotus Academy	7	600760027
Daria	Franklin Learning Center	9	600760027

Part 2. If the child you are applying for is ☐ **Homeless** ☐ **Migrant** ☐ **Runaway** ☐ **or a runaway check the appropriate box and call** ☐ **school, homeless liaison, migrant coordinator at phone #**

Part 3. Foster Child

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box ☐ and then list the amount of the child's personal use monthly income: \$_____. Skip to Part 5.

Part 4. Total Household Gross Income—You must tell us how much and how often

Name (List everyone in household) (Example) Jane Smith	2. Gross income and how often it was received Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly				3. Check if NO Income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
Jane Smith	\$200/weekly	\$150/weekly	\$100/monthly	\$_____/____	<input type="checkbox"/>
Mormine	\$_____/____	\$_____/____	\$_____/____	\$_____/____	<input checked="" type="checkbox"/>
NSNA	\$_____/____	\$150.00/weekly	\$_____/____	\$_____/____	<input type="checkbox"/>
Wanda	\$_____/____	\$150.00/weekly	\$_____/____	\$_____/____	<input type="checkbox"/>
Oronde	\$_____/____	\$_____/____	\$1,301	\$_____/____	<input type="checkbox"/>
	\$_____/____	\$_____/____	\$_____/____	\$_____/____	<input type="checkbox"/>
	\$_____/____	\$_____/____	\$_____/____	\$_____/____	<input type="checkbox"/>
	\$_____/____	\$_____/____	\$_____/____	\$_____/____	<input type="checkbox"/>

Part 5. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: X Mormine Print name: Mormine

Address: 108 East Street Phone Number: 215-991-6155

Social Security Number: 6150 ☐ I do not have a Social Security Number

Part 6. Children's Racial and Ethnic Identities (optional)**Mark one or more racial identities:**

- ☐ Asian ☐ American Indian or Alaska Native
☐ White ☐ Native Hawaiian or Other Pacific Islander
☒ Black or African American ☐ Other

Mark one ethnic identity:

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Don't fill out this part. This is for school use only.

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Categorical Eligibility _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____

Temporary: Free _____ Reduced _____ Time Period: _____ (expires after _____ days)

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Confirming Official's Signature: _____ Date: _____ Follow-up Official's Signature: _____ Date: _____

July 2006

Free and Reduced Price School Meals Application
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Page 1 of 2

One Application per Household Effective July 1, 2006

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION**Part 1. Children In School (Use a separate application for each foster child)**

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	Food Stamp or TANF case # (if any). Skip to Part 5 if you list a Food Stamp or TANF case #
Daniel N. [REDACTED]	New Media	9	
Tehuana [REDACTED]	Lotus Academy	5	
Tyler W. [REDACTED]	Max Myers	Pre K	

Part 2. If the child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone # Homeless ☐ Migrant ☐ Runaway ☐

Part 3. Foster Child

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box ☐ and then list the amount of the child's personal use monthly income: \$ _____. Skip to Part 5.

Part 4. Total Household Gross Income—You must tell us how much and how often

1. Name (List everyone in household)	2. Gross Income and how often it was received Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other income	
(Example) Jane Smith	\$200/weekly	\$150/weekly	\$100/monthly	\$ ____/____	<input type="checkbox"/>
Robert W. [REDACTED]	\$ 583.20/weekly	\$ ____/____	\$ ____/____	\$ ____/____	<input checked="" type="checkbox"/>
Latoria [REDACTED]	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input checked="" type="checkbox"/>
Daniel [REDACTED]	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input checked="" type="checkbox"/>
Tehuana [REDACTED]	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input checked="" type="checkbox"/>
Tyler [REDACTED]	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input checked="" type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>

Part 5. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

Sign here: X [Signature] Print name: Latoria N. [REDACTED]

Address: [REDACTED] Phone Number: [REDACTED]

Social Security Number: [REDACTED] 3689 ☐ I do not have a Social Security Number

Part 6. Children's Racial and Ethnic Identities (optional)

Mark one or more racial identities:

- ☐ Asian ☐ American Indian or Alaska Native
☐ White ☐ Native Hawaiian or Other Pacific Islander
☒ Black or African American ☐ Other

Mark one ethnic identity:

- ☐ Hispanic or Latino
☒ Not Hispanic or Latino

Don't fill out this part. This is for school use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12

Total Income: _____ Per: ☐ Week ☐ Every 2 Weeks ☐ Twice A Month ☐ Month ☐ Year Household size: _____

Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____

Temporary: Free _____ Reduced _____ Time Period: _____ (expires after _____ days)

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____ Follow-up Official's Signature: _____ Date: _____

July 2006

Free and Reduced Price School Meals Application
Application
Page 1 of 2

TRANSACTION REPORT

FEB/28/2007/WED 04:54 PM

FAX(TX)

#	DATE	START T.	RECEIVER	COM.TIME	PAGE	TYPE/NOTE	FILE
001	FEB/28	04:49PM	19735996538	0:04:51	13	MEMORY OK	ECM 0512

YOUTH EMPOWERMENT SERVICES

FACSIMILE TRANSMITTAL SHEET

TO:	Jesse Johnson	FROM:	Chris A. Quintanilla
COMPANY:	SLD c/o Solix, Inc.	DATE:	2/28/2007
FAX NUMBER	973-599-6538	TOTAL NO. OF PAGES INCLUDING COVER:	13
PHONE NUMBER	973-581-5111	SENDER'S REFERENCE NUMBER	538000
RE:	Appeal Inquiry Response	YOUR REFERENCE NUMBER:	538000

FOB REVIEW

NOTES/COMMENTS:

Mr. Johnson,

Attached, please find the response to your inquiry. Please contact me at (215)694-3955 if you have any questions. Thanks.

-Chris A Quintanilla